Learning Conversation Notes		
Name of Partner: Early Childhood	<b>Date:</b> May 25, 2006	
Relationship Support Project		
Number of Children Served:	<b>Ages:</b> 0 yr (3), 1 yr (), 2 yr (3),	
16 received direct services. See attached	3 yr (5), 4 yr (2), 5 yr (3)	
for children served indirectly through		
consultation and promotion.		
When Served:	Gender:	Ethnicity:
October 1, 2005 to March 31, 2006	11-Male	9 - Caucasian
	5-Female	2 - African Amer.
		4 – Hispanic
		1 – Other

**Conversation Participants:** Michael Rahilly, Denyse Cardoza, Barbara Guenther, Don Ferretti, Nancy Baggett, Janice Critchlow, Janey Crider

#### **Outcomes:**

- Children are in supportive relationships with primary care givers and are able to demonstrate developmentally appropriate social-emotional behavior.
- Children who are not eligible for categorical services will have access to early childhood mental health services.
- A core of trained professionals from a variety of public and private organizations will exist who are able to implement relationship based mental health interventions for children prenatal to five.
- A policy for service delivery and Memorandums of Understanding will exist for those agencies where there is blended funding and for other collaborative partners.
- The percentage of money used for direct services now funded independent of First 5 (10%) will be maintained in 2005-2006.

#### **Performance Measures:**

- Demographics (number of 0-5 served by gender, age ethnicity and when services wre provided).
- PIRGAS
- ITSEA, BITSEA
- Number of children seen whose services are paid by Medi-Cal, fee for services, private insurance as well as First 5 funds, by payer source and agency.
- Instrument measuring skills and competencies of the Training Institute participants.
- Service delivery policy and MOU's with collaborative partners.
- Non First 5 funds received and used in direct services by number of children/agency.

## What is this data telling us about achievement of outcomes?

Direct service providers are made up of the following groups: PCAC, PCOE, Child Abuse Prevention Council, CSOC, Alta, Community Health and Placer ARC Infant Program, and clinicians from ECRSP.

Children served were throughout Placer County. Tahoe was served indirectly through training and promotion, but there have not been any referrals for direct service in this reporting period.

More males than females were referred probably due to the males externalizing behaviors. But with the intervention services, females are being identified and more of a balanced number of males and females are being served.

The Outcome Faire resulted in one child receiving direct services.

ITSEA scores indicate the children served were not demonstrating strong inappropriate behaviors, but they were also not demonstrating strong appropriate social/emotional behaviors.

Over time 11 of 12 relationships between children and their parents showed improvement (as indicated by PIRGAS scores). One relationship that did not show improvement also did not show deterioration.

## Sustainability:

ECRSP has sustained multiple funding sources. 50% of children served were fully funded outside of First 5 funds. The remainder were either partially funded or fully funded by First 5.

The percentage of non First 5 money used for direct services has increased since the last reporting period.

ECRSP is sending bills for Medi-Cal covered children directly to the county. The process is in place, but funds have yet to be received. The Medi-Cal reimbursement process is lengthy.

## Service Provider and Supervisor Survey

Survey was distributed to ITSAW members who represent the following agencies: CSOC, Community Health, PCOE, Infant Program.

Trained professionals from the ITSAW core team are able to implement relationship based mental health for children infant to five years with varying levels of skill, but all feel they need additional support to implement the relationship based practices.

The survey responses indicated that the core team felt their agencies had not fully integrated these practices into their system.

## In what ways will we apply what we have learned from our data?

The ITSEA is effective for the 1-2 yr old group but not for the full 0-5 age group. ECRSP is looking for a better tool for the full 0-5 age group.

The service delivery policy and MOU's with collaborative agencies have been effective and need to be in place for fiscal year 2006-07.

# Other points that were made during the conversation:

Using mental health best practices with other agencies and administrators throughout the county is essential for the sustainability of the system change regarding early childhood mental health. It takes time to change the culture of service delivery.

Some agencies are implementing "reflective practices" with feedback from staff at least twice a month.

The ITSEA assessment is initially completed by the parents, and staff works with the parents on how to address the child's behaviors when the behaviors occur. Support is provided to parents regarding their child's behaviors, and helping them to be more consistent.

## **Next Steps:**

Develop a public relations type description that easily describes this project.

Denyse will work with Michael and the steering committee to look at current Service Provider and Supervisor survey results (see above) regarding agency integration of the principles and practices. Additionally they will explore ways to administer the survey to capture better agency and system change information.

Next learning conversation is Wednesday, January 24, 2007, 8:30 am – 12:00 pm.